



PRESCRIBED NOMINATION FORM FOR EXTERNAL MEMBERS OF THE WEST RAND DISTRICT MUNICIPAL PLANNING TRIBUNAL (WRDMPT)

(This form may be printed and completed with a black pen or downloaded from www.wrdm.gov.za and completed using MS Word format.)

1. NAME AND ADDRESS OF NOMINEE:

First Name(s): _____

Surname: _____

Identity Number: _____

E-mail Address: _____

Telephone Number(s): _____

Postal Address: _____

2. NOMINATION:

Nominated by: *(Please mark option with a tick or a cross)*

Self

Other

If nominated by another, please indicate:

Name of Nominator (Individual or Organisation): _____

E-mail Address: _____

Telephone Number(s): _____

Postal Address: _____

3. EDUCATIONAL QUALIFICATIONS:

Beginning with the highest qualification attained:

a) Institution: _____

i) Qualification: _____ Year: _____

ii) Qualification: _____ Year: _____

b) Institution: _____

i) Qualification: _____ Year: _____

ii) Qualification: _____ Year: _____

*(Please **append** additional pages if necessary).*

4. PROFESSIONAL MEMBERSHIP (IF ANY):

a) Name of Professional Institution of Registration Body:

Category of Membership *(if applicable)*: _____

Year admitted: _____

b) Name of Professional Institution of Registration Body:

Category of Membership *(if applicable)*: _____

Year admitted: _____

*(Please **append** additional pages if necessary).*

5. SUMMARY OVERVIEW OF WORK EXPERIENCE:

Please provide a summary of relevant work experience carried out in an accountable role in relation to spatial planning, land use management, land development or the law related thereto, within the past ten years. Relevant work experience dating back more than ten years will also be considered:

*(Please **append** additional pages if necessary).*

6. EMPLOYMENT HISTORY:

Current Employment:

Name of Institution: _____

Period: _____ Position: _____

Post description: _____

Previous employment:

a) Name of Institution: _____

Period: _____ Position: _____

Post description: _____

b) Name of Institution: _____

Period: _____ Position: _____

Post description: _____

c) Name of Institution: _____

Period: _____ Position: _____

Post description: _____

d) Name of Institution: _____

Period: _____ Position: _____

Post description: _____

7. RELEVANT ADDITIONAL TRAINING COURSES:

a) Course Name: _____

Institution & Year: _____

b) Course Name: _____

Institution & Year: _____

c) Course Name: _____

Institution & Year: _____

d) Course Name: _____

Institution & Year: _____

*(Please **append** additional pages if necessary).*

8. DECLARATION:

I, _____
(full name(s) and surname of nominee), Identity Number _____

hereby declare that:

(a) I am available to serve on the West Rand District Municipal Planning Tribunal (WRDMPT);

(b) There is no conflict of interest OR I have the following interests which may conflict with the WRDMPT:

(c) I am not disqualified in terms of Section 38 of the Spatial Planning and Land Use Management Act, 16 of 2013, to serve on the WRDMPT and authorise the WRDM to investigate any record in relation to such disqualification or requirement;

(d) I undertake to sign, commit to and uphold the Code of Conduct applicable to Members of the WRDMPT.

Signature

Name & Surname (in print)

Date

PLEASE TAKE NOTE:

- 1. Certified copies of Qualifications and Professional Membership must be attached.**
- 2. The WRDM reserves the right to request from Nominees any additional information it deems relevant to evaluate nominations.**